PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** Patent #: 6,855,693 Filing Date TRANSMITTAL Issued: February 15, 2005 First Named Inventor **FORM** Daria MOCHLY-ROSEN Art Unit Unknown (to be used for all correspondence after initial filing) **Examiner Name** S. Snedden Attomey Docket Number 578422000400 Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address (1 page) Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer Identify below): Statement Under 37 CFR 3.73(b) **Express Abandonment Request** Request for Refund (1 page) CD, Number of CD(s) Information Disclosure Statement Return Receipt Postcard Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Customer No. 25225 Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON Signature Printed name James/J. Mullen III, Ph.D. Date Reg. No. July 11, 2006 44.957 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in

an envelope addressed to: MS Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown Dated: July 11, 2006 Signature:

PTO/SB/80 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Thereby appoint:    X   Practitioners associated with the Customer Number.   25225	I hereby re 37 CFR 3.	evoke all previous powers of atto	orney given in	the applica	ition identi	ified in th	e attached st	atement under	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	· · · · · ·								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Drac	titioners associated with the Custo	mer Number	·		<del></del> .	1		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	<b></b> 1			25225					
Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form if the appointed practitioners aspigneed in this form if the application in which this form is used. The statement under 37 CFR 3.73(b) to:    Stanford, California 94304    A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Name  Name  Registration Number  Number  Name  Nam		itioner(s) named below (if more than	ten patent pract	itioners are t	o be named	I, then a c	ນ ustomer numbe	r must be used):	
as attomay(s) or agant(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned poly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number:   25225									
as attorney(s) or agent(s) to represent the undersigned before the United States Palent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X The address associated with Customer Number:  25225  OR  Firm or Individual Name  Address  City State Zip Email  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350  Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filled.  Signature Date The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Name Katharine Ku Director, Technology Licensing Telephone 6 So . 725. 06.9.6				Name					
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    Variable   Vari									
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    Variable   Vari			.				•	] ]	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    Variable   Vari			`.						
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    Variable   Vari								'	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    Variable   Vari		· [		` <b> </b>					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    X   The address associated with Customer Number:   25225	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents								
X   The address associated with Customer Number:   25225			<del>```</del>	- 144511	- 4h44- 1	4 - 4 -		CD 2 72/6\ 4	
State   Zip   Country   Telephone   Email									
Address  City State Country Telephone  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Www. (9, 2006  Name  Katharine Ku Director, Technology Licensing  Telephone 6 50 - 725 06 9 6	X Th	e address associated with Custome	r Number:	2522	25				
Address  City State Country Telephone  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Telephone 650.725.0696	OR		L						
City State Zip Country Telephone Email  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Katharine Ku Director, Technology Licensing  Telephone 6 So. 725.0696	Firm or								
City Country Telephone Email  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Telephone  6 So . 725 0696  Telephone  Telephone  Telephone  Telephone	<del></del>	dual Name							
Country  Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Date  Date  Telephone 650. 725.0696  Telephone 650. 725.0696	Address							•	
Assignee Name and Address:  The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Name  Katharine Ku  Director, Technology Licensing  Telephone 650. 725.0696	City		State	1		Zip			
The Board of Trustees of the Leland Stanford Junior University 900 Welch Road, Suite 350 Stanford, California 94304  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Telephone 6 So . 725 0696			_			Email			
Signature  Signature  Name  Manage A Copy Of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Name  Katharine Ku  Director, Technology Licensing  Telephone 650 - 725 0696	Assignee Name and Address:								
Signature  Signature  Name  Manage A Copy Of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Name  Katharine Ku  Director, Technology Licensing  Telephone 650 725 0696	_								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Telephone  6 SO - 725 0696									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Telephone  6 SO - 725 0696									
Filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Telephone  650 725 0696	Startioru, Camornia 94304								
Filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Well (9, 2006  Katharine Ku  Director, Technology Licensing									
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Date  Pure (9, 700 6  Katharine Ku  Director, Technology Licensing	A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  Watharine Ku Director, Technology Licensing  Telephone  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Date  Telephone  6 \$0.725.0696	filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
Signature  Name  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Date  Date  Pul 19, 2006  Telephone 650, 725, 0696	and must identify the application in which this Power of Attorney is to be filed.								
Name  Katharine Ku Director, Technology Licensing  Date  Due 19, 2006  Telephone 650, 725, 0696	SIGNATURE of Assignee of Record								
Name  Katharine Ku Director, Technology Licensing  Telephone 650. 725. 0696	-	The individual whose signature	and title is suppli	ea below is a	unorized to	act on beha	an or the assigned	; 	
Name  Katharine Ku  Director, Technology Licensing  Telephone 650. 725. 0696	Signatur	- 11		/	Date Dung (a)			006	
Name Katharine Ku Director, Technology Licensing  Telephone 650, 725, 0696		lotte s.	wok	u		000	٠-١, ٥	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Director, Technology Licensing							_		
	Name	Natharine Nu	Natharine Nu Director Technology Licensing			1 reiebnoue 620. 4522. 0686			
Title		Director, Tech			· · · · · ·	<del></del>			
	Title								
					·				

PTO/SB/96 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Daria MOCHLY-ROSEN et al.							
Application No./Patent No.: 6,855,693 Filed/Issue Date: February 15, 2005							
Entitled: PEPTIDES FOR ACTIVATION AND INHIBITION OF DELTAPKC							
The Board of Trustees of the Leland							
Stanford Junior University , a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.							
states that it is:							
1. X the assignee of the entire right, title, and interest; or							
2. an assignee of less than the entire right, title and interest.							
The extent (by percentage) of its ownership interest is %							
in the patent application/patent identified above by virtue of either:							
A. X An assignment from the inventor(s) of the patent application/patent identified above. The assignment							
was recorded in the United States Patent and Trademark Office at Reel							
OR							
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:							
1. From: To:							
The document was recorded in the United States Patent and Trademark Office at							
Reel, Frame, or for which a copy thereof is attached.							
From:     To:     The document was recorded in the United States Patent and Trademark Office at							
Reel, Frame, or for which a copy thereof is attached.							
3. From: To:							
The document was recorded in the United States Patent and Trademark Office at							
Reel _ , Frame _ , or for which a copy thereof is attached.							
Additional documents in the chain of title are listed on a supplemental sheet.							
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3; if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]							
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.							
Katherine Ku june 19, 2006							
1 D-1-							
Katharine Kunature  Director, Technology Licensing							
Printed or Typed Name  Director, Technology Licensing  6 80 · 725 · 6696  Telephone Number							
Telephone Number							
Title							